

Please Note:

In addition to Emergency Medical Services' previously mailed course schedule for Fall, 2004, we've added an **EMT RECERTIFICATION COURSE**.

**LAKESHORE VOLUNTEER FIRE COMPANY,
INC.**

Will be hosting an EMT Recertification Class on



**TUESDAYS & THURSDAYS
11/02/04 thru 01/20/05
from
7:00 to 10:00 P.M.**

1. Fill out the application on the reverse side of this page.
2. If you are NOT a member of a Fire/Ambulance Agency or an employee of a Municipal EMS Service, THERE IS A FEE FOR THE COURSE. Enclose MONEY ORDER or CERTIFIED CHECK (Payable to the Erie County Health Department for the full amount, dated the day the course starts, and enclose it with your application.
3. Be sure to indicate the course you wish to enroll in by checking the corresponding box on the application.
4. You will be contacted prior to the start of class ONLY if the course you select has been filled and you are to be reassigned to a second choice.
5. Please submit your application as soon as possible. Courses that reach full enrollment prior to the deadline will be closed.
6. If you have any questions, please call the EMS Office at 681-6070.

YOU WILL NOT RECEIVE COLLEGE CREDIT FOR THIS COURSE

*****All NYS FINAL EXAMS ARE HELD ON THURSDAYS AT 7 PM**

**RETURN APPLICATIONS TO:
Emergency Medical Services
3359 Broadway Avenue
Cheektowaga, New York 14227
OR FAX TO: (716) 681-5256**

**EMERGENCY MEDICAL TECHNICIAN RECERTIFICATION W/DEFIBRILLATION COURSE
APPLICATION**

FAX 681-5256

PLEASE PRINT OR TYPE

NAME			
ADDRESS			
CITY, STATE, ZIP			
HOME PHONE			
WORK PHONE			
YOUR AGENCY		AGENCY #	

COURSE # DESIRED: ☐ LakeShore Vol. Fire Company, Inc.

I understand that:

1. Successful completion of the course requires attendance at all sessions and achievement of a passing grade.
2. Purchasing the *Brady Ninth Edition Emergency Care* textbook is my responsibility. The approximate cost of the textbook is \$60.00.
3. EMS work is strenuous. The EMT course will require me to physically exert myself. I will consult my physician if I have any doubts about my ability to perform these tasks.

APPLICANT'S SIGNATURE _____ **DATE** _____

**RETURN TO THE EMERGENCY MEDICAL SERVICES OFFICE NO LATER THAN
October 19, 2004**

Emergency Medical Services Providers active on EMS units or employees of municipal EMS services are entitled to take tuition free courses. It is the responsibility of the student to provide the completed NYS Verification of Membership Form as proof of participation in an agency with a NYS EMS Agency Code. (Verification of Membership Forms will be available from the Instructor/Coordinator). Those students who do not provide Verification of Membership will be billed tuition for the training course. Failure to pay the tuition will result in dismissal from the course.

Upon receipt of this application by the EMS office, the student will be notified **ONLY** if there are changes in scheduling or the enrollment is closed.

ENROLLMENT PROCEDURES REQUIRE THAT YOU BE PRESENT AT THE FIRST CLASS

PLEASE BRING YOUR EMT CARD TO THE FIRST CLASS